

Millville Public Schools
Continuing Education Department
PO Box 5010
Millville, NJ 08332
School Age Child Care Registration Information

Student: _____

(Additional children) _____

Birth Date: _____ Sex _____ Grade _____

Parent/Guardian _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Start date _____

People authorized to pick-up child **(PERSON MUST BE 18 OR OLDER WITH A VALID PHOTO ID, ANY CHANGES MUST BE RECEIVED IN WRITING)**

Emergency phone numbers (name, phone, & relationship) NOT PARENT/GUARDIANS

Please share any special information that would be useful in providing for your child's needs while he/she is attending our program.

Does your child have any health issues such as allergies (bee stings, food, pollen, asthma, heart problems, and/or diabetes?)

Epi pen _____ Inhaler _____ Medication _____

The program does not routinely provide medical services or nursing services. Are you requesting extra medical or nursing services for your child? **If so, the Program Coordinator must determine if it is feasible for the program to provide those extra services and will charge extra tuition to pay for the cost of those services.** Yes ____ No ____

I do ____ do not ____ give permission to have my child appear in any media coverage approved by the school.

Parent/Guardian

Date